

1.) CORPORATION NAME:

CENTRAL VIRGINIA HEALTH SERVICES, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES W ALLBAUGH
PO BOX 220
NEW CANTON, VA 23123**

SCC ID NO: **01266493**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BUCKINGHAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 25892 JAMES MADISON HWY

CITY/ST/ZIP: NEW CANTON, VA 23123

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	FRANK SHERIDAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ROUTE 2, BOX 1990		
CITY/ST/ZIP/CO:	KENTS STORE, VA 23084		
NAME:	SAMUEL BATEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	P O BOX 583		
CITY/ST/ZIP/CO:	FORK UNION, VA 23055		
NAME:	MARGARET HENDRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	301 HALIFAX ST		
CITY/ST/ZIP/CO:	PETERSBURG, VA 23803		
NAME:	RODERICK MANIFOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3 ELM CT		
CITY/ST/ZIP/CO:	PALMYRA, VA 22963		
NAME:	Byron Adkins	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 98		
CITY/ST/ZIP/CO:	Charles City, VA 23030		
NAME:	Rudolph Dunbar	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3908 Yorktown Dr		
CITY/ST/ZIP/CO:	Hopewell, VA 23860		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Candyace Dunn DIRECTOR 2294 Olive Branch Road Prospect, VA 23960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Granville Fisher DIRECTOR PO Box 27 Oldhams, VA 22529	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Patricia Harvey DIRECTOR 11301 Johnson Road Petersburg, VA 23805	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donna Isom DIRECTOR 4400 Tabscott Road Columbia, VA 23038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven Manster DIRECTOR PO Box 468 Bowling Green, VA 22427	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carla Martindale DIRECTOR PO Box 262 Alberta, VA 23821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peggy Scott DIRECTOR 7982 Porters Road Esmont, VA 22937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bob Smith DIRECTOR 13301 Bent Creek Rd Amelia Court House, VA 23002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jearline Taylor DIRECTOR 18128 Winston Loop Hanover, VA 23069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tyler Williams DIRECTOR PO Box 428 Drakes Branch, VA 23937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jane Wills DIRECTOR PO Box 2613 Tappahannock, VA 22560	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Marguerite Young OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 323 Cannon Circle
CITY/ST/ZIP/CO: Fredericksburg, VA 22401

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ RODERICK MANIFOLD</u>	<u>RODERICK MANIFOLD,</u>	<u>4/20/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.